



# DIABETES IN CHESTER COUNTY

SC Department of Health and Environmental Control

◆ Diabetes Control Program      ◆ Chronic Disease Epidemiology Branch  
Diabetes Initiative of South Carolina

Diabetes mellitus, a chronic disease characterized by elevated blood sugar levels, is a significant contributor to morbidity and mortality in South Carolina and throughout the United States. Diabetes can cause debilitating and costly complications such as blindness, renal failure, lower extremity amputations, and cardiovascular disease. Much of the health and economic burden of diabetes can be averted through known prevention measures.

In 1998, 5.7 percent of South Carolina adults, equivalent to approximately 163,000 adults, reported having been diagnosed with diabetes. Diabetes was the sixth leading cause of death in South Carolina claiming 1,029 lives in 1997 and contributing to another 3,014 deaths. This report presents the burden of diabetes in Chester county.

## Behavioral Risk Factors

Table 1 displays the prevalence of major behavioral risk factors for diabetes and its complications in Chester county and SC in 1998.

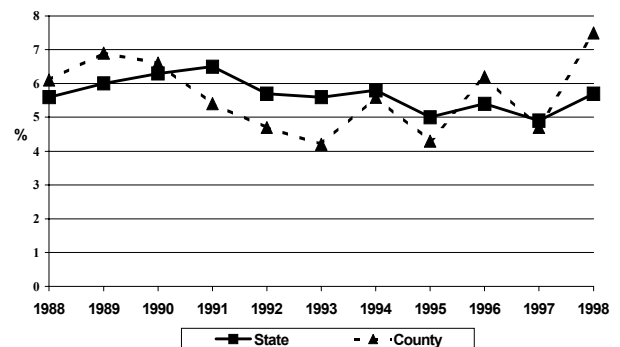
Table 1. Prevalence (%) of  
Behavioral Risk Factors for Diabetes

	Chester County	SC
Overweight	54.7	52.3
Current Smokers	26.0	24.7
Physical Inactivity	62.2	61.6
Consuming fruits and vegetables		
Less than 5-A-Day	77.2	78.2
High Cholesterol (1997)	17.1	24.4
Hypertension (1997)	23.5	26.7

## Prevalence

In 1998, there were approximately 1,904 adults (7.5%) aged 18 and older living in Chester county who have been told by a doctor some time in their life that they have diabetes (Figure 1).

Figure 1. Prevalence of Self-Reported  
Diabetes among Adults, Chester, 1988-1998



## Morbidity and Complications

In 1997, there were 130 hospital discharges with diabetes as the primary diagnosis among Chester county residents. During the same year, there was an additional 806 hospital discharges with diabetes-related condition. Compared to whites, African-Americans had more hospitalizations for diabetes as the primary diagnosis - 72 (55%), and fewer hospitalizations for diabetes as a related diagnosis - 294 (36%).

In 1997, hospital charges for hospitalizations of Chester county residents having diabetes as primary diagnosis were up to \$1.07 million and \$11.3 million for diabetes as a related condition. The total length of

hospital stay for diabetes as the primary diagnosis was 848 days.

Chester county patients with diabetes who had diabetes-related complications in 1997 included:

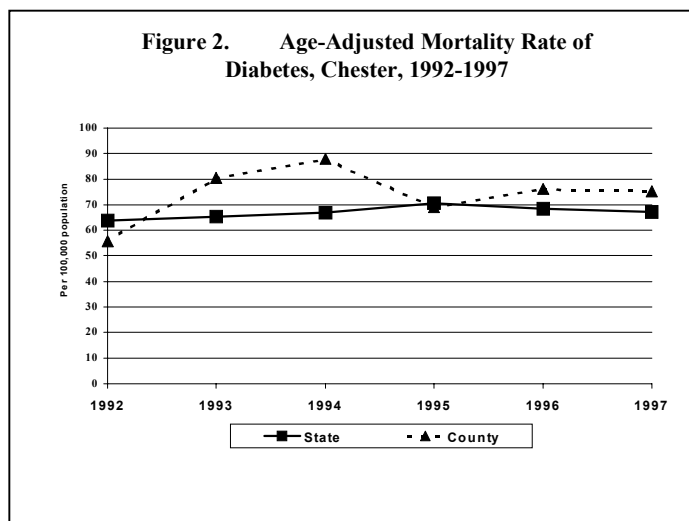
- 82 (9.0%) with renal manifestations;
- 27 (1.2%) with lower extremity amputations related to diabetes;
- 17 (1.8%) with diabetic ketoacidosis;
- 59 (6.4%) with renal failure;
- 12 (1.3%) with dialysis.

Adults with diabetes are at increased risk of developing cardiovascular disease. Out of 910 hospitalizations for patients with diabetes, 726 (79%) had cardiovascular diseases, and 96 (10.5%) had stroke.

In 1997, there were 27 emergency room (ER) visits for diabetes as the primary diagnosis, among which 18 (66%) were for African-American patients. In addition, there were 22 ER visits for diabetes as a related condition. Total ER charges for diabetes as the primary diagnosis was \$10,675.

## Mortality

In 1997, diabetes was listed as the underlying cause of death for 23 residents of Chester county. This is an age-standardized mortality rate of 52.7 per 100,000 population, higher than the state average of 39.2 per 100,000 population (Figure 2). Diabetes was listed as a contributing cause in 34 deaths in Chester county; a standardized mortality rate of 75.2 per 100,000 population.



A total of 175 potential years of life were lost in 1997 because people died prematurely from diabetes. Diabetes mortality in Chester county follows the national pattern of diabetic mortality that African-Americans have higher mortality rates than whites. African-American women had the highest standardized mortality (157.9 per 100,000 population) among all race-sex groups.

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